

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the data shown below

Dated: May \_\_\_\_\_\_\_, 2005

Signature: Marcy Overstross
(Marcy Overstross)

#IFW

Docket No.: 34650-00179USC3 (PATENT)

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of: Torbjörn Gärdenfors et al.

Application No.: 10/822594

Group Art Unit: 2635

Filed: April 12, 2004

Examiner: B. A. Zimmerman

For: RADIO TRANSCEIVER ON A CHIP

## TRANSMITTAL LETTER

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

Enclosed are the following items for filing in connection with the above-referenced Patent Application:

- 1. Fee Transmittal (1 page);
- 2. Supplemental Information Disclosure Statement (2 pages);
- 3. IDS (Citation) by Applicant (185 References) (6 pages); and
- 4. References B1-B16 and C1-C57.

Our check in the amount of \$180.00 covering the required fees is enclosed. The Director is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith (or with any paper hereafter filed in this application by

Application No.: 10/822594 Docket No.: 34650-00179USC3

this firm) to our Deposit Account No. 10-0447, under Order No. 34650-00179USC3.

Dated: May <u>5</u>, 2005

Respectfully submitted,

Michael W. Maddox

Registration No.: 47,764

JENKENS & GILCHRIST, A PROFESSIONAL

CORPORATION

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Attorneys For Applicant

PTO/SB/17 (12-04v2)
Approved for use through 7/31/2006. OMB 0651-0032
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005. 2.0.10	Onder the vaperwork Nedadadin Act of 1000, the person are required to					Complete if Known				
Fees pursuant to			10/822594-Conf. #2867							
FEE TRANSMITTAL				Filing Date		April 12, 2004				
1						Torbjörn Gärdenfors				
For FY 2005						B. A. Zimmerman				
Applicant claims small entity status. See 37 CFR 1.27				Art Unit		2635				
TOTAL AMOUNT OF PAYMENT (\$) 180.00				Attorney Docket No.		34650-00179USC3				
METHOD OF PAYMENT (check all that apply)										
X Check Credit Card Money Order None Other (please identify):										
Deposit Account Deposit Account Number: 10-0447 Deposit Account Name: Jenkens & Gilchrist, a Professional Corporation										
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)										
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee										
Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17										
FEE CALCULATION										
1. BASIC FILING, SEARCH, AND EXAMINATION FEES										
	FII	LING FEES	SEA	ARCH FEES	EXAMI	NATION FEES				
Application T	ype Fee (\$	Small Entity ) Fee (\$) Fe	ee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees F	aid (\$)		
Utility	300	150	500	250	200	100				
Design	200	100	100	50	130	65				
Plant	200	100	300	150	160	80				
Reissue	300		500	250	600	300				
Provisional	200	100	0	0	0	0				
2. EXCESS CLAIM FEES Small Entity Fee (\$) Fee (\$)										
Fee DescriptionFee (\$)Fee (\$)Each claim over 20 (including Reissues)5025										
								100		
Multiple dependent claims 360							180			
Total Claims	aid (\$)	Δ	fultiple Depende	nt Claims						
x =					E	<u>ee (\$)</u> <u>F</u>	ee Paid (\$	)		
Indep. Claims	aid (\$)	_			_					
8 -8= x =										
3. APPLICATION SIZE FEE										
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50										
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).										
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)										
-100 = /50 (round up to a whole number) x =										
4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)										
Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement 180.00										
SUBMITTED BY Signature	me I MA	mille		Registration No.	47,764	Telephone	(214) 85	5-4614		
Name (Print/Type)		Maddos		(Attorney/Agent)	77,704		May <b>5</b>	_, 2005		
Hame (Frinvilype)			Date	iviay	_, 2005					